

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET		CLAIMS												
SERIAL NO.	FILING DATE	APPLICANT(S)												
		AS FILED			AFTER 1ST AMENDMENT			AFTER 2ND AMENDMENT			CLAIMS			
		MD	DEP	MD	DEP	MD	DEP	MD	DEP	MD	DEP	TOTAL IND.	TOTAL DEP.	TOTAL CLAIMS
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